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Applicability:	DDSN Regional Centers, DSN Boards, and Contracted Service Providers

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## **PURPOSE**

The purpose of this directive is to establish a definition for critical incidents and to outline a reporting, tracking, and feedback system in order to:

- a) Provide for a coordinated, internal review of the incident,
- b) Ensure appropriate action was taken, and
- c) Recommend appropriate measures to reduce the risk of such events occurring in the future where possible.

These procedures are outlined as minimum requirements in meeting the needs of consumers and to enable DDSN Regional Centers, DSN Boards and Contracted Service Providers the guidance necessary to support life, safety and accountability efforts within these settings.

## **DEFINITION OF CRITICAL INCIDENTS**

A Critical Incident is an unusual, unfavorable occurrence that is:

- a) Not consistent with routine operations;

- b) Has harmful or otherwise negative effects involving ~~people~~ individuals with disabilities, employees, or property; and
- c) Occurs in a DDSN Regional Center, DSN board facility, other service provider facility, or during the direct provision of DDSN funded services (e.g., if a child receiving early intervention sustains a serious injury while the Early Interventionist is in the child's home, then it should be reported as a critical incident; however, if the Early Interventionist is not in the home when the injury occurred then it would not be reported).

Reporting requirements pursuant to state laws regarding abuse of children and vulnerable adults do not apply to altercations or acts of aggression, assault or sexual assault between ~~people~~ individuals (consumers) receiving DDSN services. All sexual assaults between consumers will be reported and investigated according to DDSN Directive 533-02-DD: Sexual Assaults Prevention, and Incident Procedure Follow-Up. Corrective/preventive action must be taken to protect and intervene whenever ~~people~~ individuals receiving services may be harming themselves or others. All injuries should be thoroughly reviewed and appropriate action taken. Any serious, suspicious consumer injuries of unknown or unexplainable origin must be reported to the appropriate state investigative agency according to DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency. Failure to provide proper supervision to prevent ~~people~~ individuals receiving services from assaulting each other could be a form of neglect if the employee fails to intervene or provide proper supervision when they clearly have a duty to do so. Each situation should be reviewed and if it is determined that the employee failed to provide appropriate supervision which resulted in risk to the life or safety of the ~~person~~ individual receiving services or if it is determined that an employee provoked, directed, encouraged or allowed ~~a person~~ an individual receiving services to discipline or abuse another ~~person~~ individual, the incident should be reported to the appropriate state investigation agency as outlined in DDSN Directive 534-02-DD: Preventing and Reporting Abuse, Neglect or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.

**NOTE:** Allegations of abuse, neglect and exploitation are not considered critical incidents. See DDSN Directive 534-02-DD: Preventing and Reporting Abuse, Neglect or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency, which addresses procedures for preventing and reporting abuse, neglect or exploitation. **Deaths of consumers are to be reported according to DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN.**

Examples of critical incidents include, *but are not limited to*, the following:

A. Incidents Affecting Consumers Directly

- 1) Consumer accidents which result in serious injury (e.g., requires hospitalization or medical treatment at any time from injuries received; that result in fractures of any bone except simple fractures of fingers or toes; lacerations which cause severe bleeding, nerve, muscle or tendon damage; injury to any internal organ; serious burns; or loss of limb). Minor injuries that require less than five (5) sutures or staples are not required to be reported unless the incident meets other

criteria for reporting. Lacerations of less than one (1) inch in length requiring only Dermabond or Steri-Strips for closure are also not required to be reported;

- 2) Acts of aggression by a consumer against another consumer resulting in **a serious injury medical treatment at any time from injuries received;**

**NOTE:** Upon review, the issue of whether staff/caregivers encouraged the altercation or failed to intervene or provide adequate level of supervision should be addressed to determine if a report of alleged abuse, neglect, or exploitation should be initiated. (Please note sexual assault must be reported according to DDSN Directive 533-02-DD: Sexual Assault Prevention and Incident Procedure Follow-Up). Consumers (victims) should be informed of their right to contact law enforcement and press charges;

- 3) **Use of emergency restraints that are not incorporated in the consumer's approved Behavior Support Plan and/or not a health related protection as ordered by a physician.**
- 4) Contracting life threatening communicable disease;
- 5) Choking incident requiring the use of the Heimlich Maneuver or other medical intervention;
- 6) Criminal arrest;
- 7) Consumer missing or elopement of one (1) hour or more from time discovered;
- 8) Possession of firearms, knives or explosives;
- 9) Possession of illegal substances;
- 10) Law enforcement involvement (when law enforcement report is completed);
- 11) Major medical **events**, including, **but not limited to events such as cardiac arrest, stroke, blood clots, hypoxia, and other critical care needs. This criteria also includes** any unplanned hospital admissions of three (3) overnight stays or more, emergency and/or unexpected major medical procedures, such as a planned/scheduled surgical procedure which results in emergency medical procedure or admission to a critical care unit; or more than two (2) emergency room visits within a 30 day period. This classification does not include planned hospital admissions, outpatient treatment/testing or observation of less than three (3) days overnight);
- 12) Malicious use of profane or disrespectful language to consumers.

Medical treatment-post medical care follow-up finds prescribed/recommended treatment not followed and results serious adverse reaction/complications;

- 13) Medication administration/~~pre-treatment/observation~~ errors ~~requiring medical treatment resulting in serious adverse reactions/poisoning~~;
- 14) Extensive damage to property due to consumer or staff actions, accidents or vandalism (e.g., valued at \$2,500.00 or more; vehicle accidents/vandalism should be reported once an estimate has been received valued at \$2,500.00 or more). If an injury has occurred that otherwise meets Critical Incident Criteria, the provider should report, regardless of the amount of estimated damages;
- 15) Sexual assaults or threatened sexual assaults of one consumer to another;
- 16) Attempted suicide or consumer exhibiting progressive suicidal ideations; and
- 17) Reasonable suspicion that some crime has occurred against a resident of an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) only. The incident must be reported to local law enforcement and DHEC, Bureau of Certification within two (2) hours if ~~person~~ individual sustains serious bodily injury or within 24 hours otherwise.

Providers will be required to evaluate consumer supervision/accountability levels during internal reviews and adjust those levels if they have been found to be inadequate. ~~Documentation of this review should be included in the final report. Additional Risk Assessment data may also be required.~~

B. Incidents Involving Staff

- 1) Contracting life threatening communicable disease;
- 2) Serious staff injury due to consumer action;
- 3) Malicious use of profane or disrespectful language to consumers;
- 4) Possession of firearms, weapons or explosives while on duty;
- 5) Possession of illegal substances while on duty;
- 6) Substance abuse while on duty;
- 7) Extensive damage to property due to consumer or staff actions, accidents or vandalism (e.g., valued at \$2500.00 or more; vehicle accidents/vandalism should be reported once an estimate has been received valued at \$2500.00 or more); and
- 8) Intentional documentation of services that were not provided to the consumer (e.g., Medicaid Fraud) or the intentional reporting to DDSN of services that were not delivered as stated.

C. Incidents Impacting the Facility or Program Operations

- 1) Epidemic outbreaks within agency facilities (~~i.e., Norovirus~~);

- 2) Facility fires regardless of size;
- 3) Severe natural disasters such as storms, tornadoes, earthquakes, ~~or~~ hurricanes, or flooding which adversely impact agency operations;
- 4) Hazardous contamination or public health concern within ~~of~~ a facility/facilities or the immediate areas of the facility causing damage in excess of \$2,500;
- 5) Any known or justifiably suspected theft or misuse of agency funds/property or private funds/property by anyone (staff, consumer or someone in the community), that have an impact on the facility or program operations. Situations involving suspected theft, misuse, or exploitation of consumer funds must be reported under DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency, unless the incident appears to be random in nature (e.g., the consumer was in the community and was not targeted due to perceived disability); and
- 6) Other situations judged to be unusually significant or of high public interest.

## **REPORTING PROCESSES**

Critical incidents occurring at DDSN Regional Centers, DSN Board facilities, other service provider locations, or while a consumer is under the supervision of staff or a contracted employee from any aforementioned provider, shall be reported to the Director-Division of Quality Management via Incident Management System (IMS) on the DDSN Portal. In the event of a power or Internet service outage, the provider may submit a paper copy of the Critical Incident Report, but the provider will be responsible for completing a report on IMS as soon as possible.

When determining whether a particular event should be considered a critical incident, the best guidance is “when in doubt, then report.” The critical incident reporting system is able to screen out incidents reported as critical that later are judged to be non-critical by reviewers. The provider will receive a letter stating why the incident was not considered critical and the incident will not be entered in the DDSN database.

Reporting employee accidents/injuries as critical incidents does not remove the responsibility of the agency to follow appropriate Human Resources practices, such as also reporting the incident to the workers compensation insurance carrier or in making required reports to other state or local agencies.

## **TYPES OF REPORTS**

### **A. Verbal Report**

If a critical incident is of such a serious nature that, in the judgment of program managers, the incident should be reported immediately, then the Facility Administrator/Executive Director/CEO or designee, shall notify the Associate State Director for Operations by telephone

or if unavailable through one of the District Directors or designee. Most critical incidents do not require a verbal report.

B. Written Report

1. Initial Report

All critical incidents, with the exception of vehicle accidents/vandalism, (both those where a verbal report has been made and those where a verbal report has not been made) are to be reported using IMS **within 24 hours or the next business day.**

**A brief description of the incident is to be included in the initial report. Basic details should be provided to ensure that any authorized reviewer would have a good understanding of the events, any parties involved, and any outside medical or law enforcement intervention. The current at the time of report should always be included.**

Any vehicle accidents/vandalism incidents that meet the reporting criteria are to be reported via IMS within 24 hours of receipt of an estimate, or the next business day.

2. Final Report

An internal management review will be conducted of all critical incidents. Results of all reviews must be submitted on IMS within ten (10) working days of the incident or whenever staff first became aware of the incident.

Submission of the final report for consumers residing in ICF/IID facilities must be within five (5) working days of the incident to comply with DHEC requirements.

The report will contain the results of the review and will list recommendations to prevent or reduce where possible the recurrence of such incidents in the future. **If any changes were made to the consumer's service plan, required supervision levels, or behavior support plan/guidelines, these changes must be indicated in the final report. Human Rights Committee approval should also be documented, if any changes are more restrictive. In addition, if a fall assessment or sexual risk assessment was completed, the date of the assessment and the name and credentials of the individual completing the assessment should be documented in the final report. Any hospital discharge information should be summarized in the final report, or a copy of the report can be uploaded to the IMS. Law enforcement reports must be uploaded to the IMS. Additional information may be requested, as needed.** The Facility Administrator/the Executive Director/CEO or their designee will review and submit the final report.

3. Addendum to Critical Incident Report

If the disposition of the Critical Incident Review changes or additional information is discovered after the review the Addendum to Critical Incident must be completed and submitted via IMS within 24 hours or the next business day of the change.

## **QUALITY ASSURANCE and RISK MANAGEMENT**

On a regular basis DDSN quality management staff will review critical incidents, analyze data for trends, and recommend changes in policy, practice, or training that may reduce the risk of such events occurring in the future. Statewide trend data will be provided to DDSN Regional Centers, DSN boards and contracted service providers to enhance awareness activities as a prevention strategy.

Each DDSN Regional Center, DSN board or contracted service provider will also utilize their respective risk managers and Risk Management Committees to regularly review all critical incidents for trends and to determine if the recommendations made in the final written reports were actually implemented and are in effect.

### **PROCEDURES FOR NOTIFICATION OF:**

#### **Parent/Guardian or Primary Correspondent**

Based on the contact information in the consumer's plan, the parent/guardian or primary correspondent will be notified of the critical incident, as soon as possible, in the most expeditious manner possible and will be kept informed of the results of the management review to the extent possible, while maintaining confidentiality for all parties involved. Adult consumers who may legally consent may also choose not to disclose individual incidents. At least annually, the adult consumer, with input from those important to him/her will specify who will be contacted should an incident occur. This information will be documented and readily available in the **person's individual's** file. Contact information for consumers under 18 years old will be updated in their plans annually and readily available. If the Case Manager/Qualified Intellectual Disability Professional/Early Interventionist is not the **person individual** notifying the family, then DDSN will assure that the Case Manager/Qualified Intellectual Disability Professional/Early Interventionist is aware of the critical incident within three (3) working days of the incident, if applicable.

#### **Law Enforcement**

Facility Administrators/Executive Directors/CEO or their designee, should contact local law enforcement agencies directly when it is necessary to prevent further deterioration of the situation or when State or Federal laws may have been violated. They are encouraged to collaborate with the District Director or designee or Executive Staff at DDSN Central Office when in doubt about what external agencies should be notified.

#### **Reporting Reasonable Suspicion of a Crime in ICF/IID Residences**

Section 1150B of the Social Security Act, established by section 6703(b)(3) of the Affordable Care Act requires ICFs/IID to report any reasonable suspicion of a crime against a resident to at least one law enforcement agency and to DHEC – Bureau of Certification. In the case of Abuse, Neglect, or Exploitation, suspicion of a crime should be reported to the State Law Enforcement Division (SLED). Reasonable suspicion of any other crime should be reported to local law enforcement. The report should be made within two (2) hours if serious bodily injury occurred and within 24 hours for all other incidents. **Notification can be made to the Department of Health and Environmental Control, Bureau of Health Facilities Licensing and Certification, 24**



hours a day via DHEC's online Accident/Incident reporting module using this link: <http://www.scdhec.gov/Apps/Health/AIReports/DefaultAIPublic.aspx?> or by fax to (803) 545-4212 (Licensing) and (803) 545-4292 (Certification) or by calling the 24 hour complaint line (800) 922-6735. ~~Notification can be made to DHEC—Bureau of Certification 24 hours a day via fax (803-545-4292) or via the 24-hour complaint line (800-922-6735).~~

Notification of Department of Health and Environmental Control (DHEC) – Health Licensing Division

In cases where the incident involves a fire or serious injury to a consumer residing in an ICF/IID or a Community Residential Care Facility (CRCF), a written report must be filed with DHEC/Division of Health Licensing within ten (10) days of occurrence.

Media Contacts

All contacts with the media concerning critical incidents in DDSN Regional Centers should be coordinated through the State Director who shall determine the most appropriate response. Media contacts at the DSN board/provider organization are to be handled by the Executive Director or designee with notification to the appropriate District Director or designee of such contacts.

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Associate State Director-Policy  
(Originator)

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Beverly A. H. Buscemi, Ph.D.  
State Director  
(Approved)

***To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.***

Attachment A: Reporting to DHEC Bureau of Certification as applicable to ICF/IID  
Attachment B: Reporting to DHEC Health Regulations-Division of Health Provider

**Related Directives or Laws:**

Child Protection Reform Act, S.C. Code Ann. § 20-7-480, et seq.  
Omnibus Adult Protection Act, S.C. Code Ann. § 45-35-35, et seq.

100-28-DD: Quality Management

200-02-DD: Financial Management of Personal Funds

200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs

533-02-DD: Sexual Assault Prevention and Incident Procedure Follow-up

534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency